

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket Number

4002-3471/PC689.02

First Named Inventor

Charles L. Branch

COMPLETE IF KNOWN

Application No.

Filing Date

Group Art Unit

Examiner's Name

☒ Declaration submitted with
Initial Filing

☐ Declaration
Submitted after
Initial Filing
(surcharge (37 CFR
1.16(e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INSTRUMENTS AND METHODS FOR MINIMALLY INVASIVE TISSUE RETRACTION AND SURGERY

the specification of which
(check one)

☒ is attached hereto.

☐ Was filed on _____ as United States Application No. or
PCT International Application No. _____

☐ And was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
10/180,658	June 26, 2002	

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐

Customer Number

OR

☒

Registered practitioner(s) name/registration number listed below.

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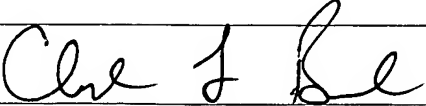
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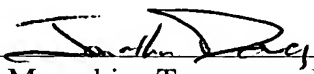
☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to : ☐ Customer Number Bar Code Label ☐ OR ☒ Correspondence address below

Name	Douglas A. Collier, Esq.				
Firm Name	WOODARD EMHARDT MORIARTY McNETT & HENRY LLP				
Address	111 Monument Circle, Bank One Tower, Suite 3700				
Address					
City	Indianapolis	State	IN	ZIP	46204
Country	USA	Telephone	317/ 634-3456	Fax	317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:			
Given Name (first and middle, if any)	Charles L.	Family Name or Surname	Branch
Inventor's Signature:			Date of Signature: 2/27/04
Residence: (City, State, Country)	Advance, North Carolina, USA		
Citizenship:	USA		
Post Office Address:	177 Plantation Lane, P.O. Box 320 Advance, North Carolina 27006		

Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Eric C.	Family Name or Surname	Lange
Inventor's Signature:		Date of Signature:	2/18/04
Residence: (City, State, Country)	Germantown, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	2457 Calkins Rd Germantown, Tennessee 38139		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Jonathan	Family Name or Surname	Dewey
Inventor's Signature:		Date of Signature:	2/18/04
Residence: (City, State, Country)	Memphis, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	408 S. Front St. #202 Memphis, Tennessee 38103		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			

DECLARATION**Registered Practitioner Information
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	Noreen C. Johnson	38,929
Joseph A. Naughton, Jr.	19,814	David A. Warmbold	30,897
John V. Moriarty	26,207	Paul A. Revis	45,040
John C. McNett	25,533	John F. Thompson	43,953
Thomas Q. Henry	28,309	Trevor D. Arnold	51,416
James M. Durlacher	28,840		
Charles R. Reeves	28,750		
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
Clifford W. Browning	32,201		
R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
Holiday W. Banta	40,311		
Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
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Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers, Jr.	42,021		
John M. Bradshaw	46,573		
Charles P. Schmal	45,082		
David E. Novak	50,752		
Edward E. Sowers	36,015		
Quentin G. Cantrell	47,469		
John L. Roberts	50,453		
Denise M. Gosnell	51,748		
John J. Emanuele	51,653		